

ISSUE SLIP STAPLE AREA. (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>3/11/99</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>3/12/99</i>
FORMALITY REVIEW	<i>DWB</i>	<i>70976</i>	<i>3-18-99</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	7 12 5 12 6
2	9 12 7 2 15
3	02 02 03 03 04
4	✓ ✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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